

Family Planning Methods and Practice: Africa

Second Edition

1999

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health
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Accurate indications, adverse reactions, and dosage schedules for drugs are provided in this book, but it is possible that they may change. The reader is urged to review the package information from the manufacturers of the medications mentioned or the Formulary for his or her clinic or hospital.

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Foreword

Behind every number is a human face – William H. Foege, MD

The first edition of *Family Planning Methods and Practice: Africa*, published in 1983, became widely known as “The Yellow Book.” The influence of this book could be felt internationally. Besides helping educate health practitioners in Africa, it helped health professionals in the Western World learn more about the people of Africa. For me, the book contained important lessons that proved useful on my trips to northern and western Africa.

Both health and the quality of life in Africa have changed profoundly since the publication of the first edition, in many ways because of family planning. Recent data show a striking decrease in infant mortality, accompanied by an increased life expectancy and a decline in fertility, for all the major regions of the continent.¹

The practice of family planning also has caused other important changes. In addition to changing individual behavior and fertility, family planning has changed the dynamics of family life and the characteristics of national populations in Africa and around the world. Moreover, it has led to international meetings that addressed abortion, the role of women, and the impact of an increasing population on family life.

In the years since the first publication was distributed, individual lives have changed. My own family of four children began before we recognized family size and population change as issues of global, not just local, importance. Our first daughter was born before oral contraception was available. Abortion was not legal in the United States. Women underwent voluntary surgical contraception only if that was approved by at least two physicians. More than 30 years have passed since the birth of our youngest child. To my deep sorrow, my wife died without seeing any of her grandchildren. Two of our daughters are married. Although my wife and I started our family before we were 25 years old, our children have waited to start their families until they

were older than 30. Now I have two grandsons and a granddaughter. One of my daughters has two children and expects that she has completed her family. All of our offspring have a clearer understanding of the importance of family size to themselves, their community, their nation, and indeed, the entire planet. This was not so when my wife and I started our family. Changes like this, although they are in a single family, have implications for the future of humanity.

Profound changes have occurred in the years since the first edition of this book. In 1992 African ministers of government met in Dakar and issued a declaration on population for Africa. In preparing this declaration, they reviewed key global documents and the state of their own continent. The declaration dealt with a broad spectrum of human concerns. Its principles covered population and economic development; fertility, families, and family planning; mortality, morbidity, and the acquired immunodeficiency syndrome (AIDS); urbanization and migration; and the status of women.²

In 1994, Egypt hosted the Third International Conference on Population and Development, which was sponsored by the United Nations. A new emphasis was placed on reproductive health rather than population policy. Controversies arose about abortion and the empowerment of women. Differences on these issues were resolved and conferees issued a Program of Action at the conclusion of the meeting. Africa, and Egypt in particular, emerged as a place where the world could convene to consider important global matters in a secure environment.

Besides political changes, the world is intensely concerned about the global human immunodeficiency virus (HIV) and AIDS epidemics. Infections caused by HIV have seriously influenced Africans, their families, and their communities. Human behavior, including intimate sexual practices, plays an important role in transmitting this disease. The fundamental changes in personal lifestyles required to interrupt this contagion are likely to require more from people of Africa than from people of many other places.

The first edition of *Family Planning Methods and Practice: Africa* has played an important role in improving health for Africa. The book told health professionals, scholars, students, and many others about

family planning. It helped everyone recognize how families and family planning affect the health and life of people, especially the people of this continent.

The unique character of both the first and second editions of *Family Planning Methods and Practice: Africa* is seen immediately in their tables of contents. The authors focus specifically on Africa, even though the lessons they teach are important for all of us. Both volumes address issues that are simultaneously profound and global, intense, and personal. They deal with health benefits for countries and individuals and with basic human behaviors that influence future generations, today's families, and the day-to-day life of adolescents.

This new edition still emphasizes family planning methods and practice as they relate to Africa. It gives current information about the menstrual cycle and contraception. It introduces significant new topics. The chapter on HIV infections is especially important. The section on reproductive behavior and population change will be critical to public health officials. The expanded section on "Providing Family Planning Services" has greater depth and breadth because it includes a chapter on education and counseling, as well as one on quality assurance. This new edition brings important ideas to the provision of services for family planning. Prevention, education, and the quality of clinical service get greater emphasis. It also discusses, in detail, new approaches to contraception, such as long-acting hormone implants. Program management, as well as clinic management, is an important part of this new edition.

I hope readers will find this version of what has been called "the Yellow Book" timely, informative, and even more interesting and useful than the first edition.

Carl W. Tyler, MD

REFERENCES

1. Keyfitz N, Flieger W. World population growth and aging: demographic trends in the late twentieth century. Chicago: University of Chicago Press, 1990.
2. United Nations International Children's Education Fund (UNICEF). Rep Int Conf Popul Dev 1994;19(1):209-215.

Preface

A new mother asked me for protection against sexually transmitted infection. She was concerned about her husband's promiscuous behavior. I suggested that she talk openly with her husband about her concerns. She was worried about sexually transmitted infections, especially the "slim disease," which is the common term for acquired immunodeficiency syndrome (AIDS). Because she wanted to get pregnant again, she was also concerned about possibly infecting an unborn child. I gave her educational materials and a bag of condoms. She shook her head, saying her husband would refuse to wear condoms and would feel insulted. Her husband, I said, had two choices if he cared for his wife and children: to be faithful to her or at least to wear condoms. I encouraged her to have her husband, a college-educated high school teacher, to come talk with me.

Two weeks later, the woman returned with black and purple bruises over her face. "Doctor," she said, "I came just to show you what your condoms and advice have brought me." She had been badly beaten by her husband.

Six months later, this woman tested positive for the human immunodeficiency virus (HIV).

Providing contraceptives in Africa is a challenging task—especially in the era of the AIDS epidemic. In many African countries, ignorance of sexual matters is considered a sign of purity. Most people in Africa find it difficult, even shameful, to talk about sex and its various consequences. These general attitudes have kept millions of young people, especially young women, from seeking accurate reproductive and sexual information from reliable sources.

Although the African family is still a strong and extended network of obligation and protection, traditional practices have eroded rapidly in recent decades. While it is normal and healthy for people to enjoy active sex lives, it is important for them to know that they are at

risk for sexually transmitted infections (STIs). There are more than 30 STIs; ignoring them can adversely affect a person's life. When cultural beliefs equate ignorance with virtue and when discomfort and shame overshadow common sense, people cannot take good care of themselves and their loved ones.

Studies have shown that Africa has one of the highest fertility rates in the world as well as the majority of cases of human immunodeficiency virus (HIV) infection and AIDS, especially among heterosexual couples. Whereas men make up the overwhelming majority of AIDS cases in Western countries, African women and men are infected in almost equal proportions. And yet, it would appear that many of these women do not engage in risky behavior. They confine themselves to monogamous sex. However, they are the victims of another cultural characteristic: gender inequality. Too often, it is the sexual behavior of men that exposes their wives to serious infection.

During my many years of medical practice and public health research in Zaire, time and time again, gender inequality created barriers to community health. My team and I conducted a field study on the perinatal transmission of HIV among women receiving prenatal care in an upper middle class clinic in Kinshasa. After a precounseling session, women were screened for HIV antibodies and other STIs. The screening was free of charge, and women were encouraged to bring in their spouses or partners for a free STI screening. Only 1.6% of the male partners participated.

As a male physician, I must always remember that the female gender so lacking in equality includes my own daughters, sisters, mother, and grandmother, whom I so cherish. Would I allow another person to place their lives in jeopardy? As a husband, I may desire more children, but my wife is the one who faces the physical challenge of the pregnancy, delivers the child, and takes the major role in rearing. How could I have a pure conscience if I insisted on having a child when my wife was hesitant?

The way we define a problem determines how we approach its solution. Being of African heritage, I personally cannot accept that gender inequality—denying women sufficient power to safeguard

their health; control their sexuality; and make informed choices about education, marriage, and childbearing—is an inevitable element of the African culture.

Cultural practices are hard to change, but culture is never static. None of us can change what we have done in the past, but once we learn more, we are responsible to act more wisely in the future.

Let us rise up, O African people! Let us make positive changes in the lives of women—for the future of our families and nations.

Manzila Tarande, MD, MPH

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In addition to the principal authors, nearly 100 individuals contributed to this second edition of *Family Planning Methods and Practice: Africa* by writing, reviewing, or editing various chapters of the book. Several persons were instrumental in making the book appear in print: **Barbara Lord** did the lion's share of the production work such as design and layout, **Martha Boyd** designed the cover, **Tim Johnson**, DrPH, MSc, **Timothy Miner**, MPH, and **Neal Ewen** patiently and ably oversaw administrative matters, and **Patricia Yeargin**, MA, CHES, had the difficult task of keeping current the information on human immunodeficiency virus throughout the lengthy development of the book.

The knowledge and wisdom underlying this book grew from the dedicated work of hard-working, devoted practitioners who were so instrumental in developing and distributing the first edition in 1983 — notably, **Samiha Ben Fadhel**, MD, ChB; **Nimrod A. Mandara**, MD; **Japheth Kimanzi Mati**, MB, ChB, MD, FRCOG, and **Fred T. Sai**, MB, FRCPE, MPH. Those principally responsible for producing that edition, were **Robert A. Hatcher**, MD, MPH, **Michael E. Dalmat**, Dr. P.H., **Deborah Kowal**, MA, **Felicia H. Stewart**, MD, and **Gary K. Stewart**, MD.

We will miss the insight and warm smile of our colleague, **Gary Stewart**, who played a large role in writing both editions. Dr. Stewart died May 1998, as the book was nearing its final production phase. As an obstetrician/gynecologist, Dr. Stewart provided excellent and empathetic care to many women and their families. His interest in the health of African families stemmed from his work as a Peace Corps staff physician in Malawi and Kenya during the 1960s. More recently, he traveled to African nations to train other clinicians. We thank our friend and colleague for his unique and valuable contributions.

Robert A. Hatcher
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Contributors

Many individuals, both African and American, contributed to this second edition of *Family Planning Methods and Practice: Africa*. They helped ensure the completeness, accuracy, timeliness, and usefulness of the information contained herein.

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